Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

	I AI EIV.	Effect	tive Octob	per 1, 20)03				Effective October 1, 2003												
		CLAIMS AS		(Column 2)		SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY											
TC	OTAL CLAIMS	,	(Column		, -].	RATE	F	. FEE	7	RATE	FEE									
FC)B			NUMBER FILED		BER EXTRA	BASIC F				BASIC FEE	 									
<u> </u>	TAL CHARGEA	ADI E CLAIMS	1,0		*					1	7010	770.00									
<u> </u>						——	X\$ 9	=		OR	X\$18=	 									
	DEPENDENT CL		<u> </u>	<u> </u>			X43=		l	OR	X86=										
<u> </u>		NDENT CLAIM PF					+145:	=		OR	+290=										
* If	the difference	e in column 1 is i	less than ze	ero, enter	"0" in c	olumn 2	TOTA	\L		OR	TOTAL	770									
	С	LAIMS AS A	MENDE) - PAR	T II			-		•	OTHER	THAN									
		(Column 1)			(Column 2) (Column 3)				NTITY	OR	SMALL	,									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
NO.	Total	*	Minus	**		=	X\$ 9=	=	1	OR	X\$18=	1									
ME	Independent	*	Minus	***		=	X43=			OR	X86=										
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	+		1 1											
1. 12							+145=			OR	+290=										
		•					ADDIT. FE			OR ,	TOTAL ADDIT. FEE										
_		(Column 1)		(Colum		(Column 3)				• ,											
MENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
NDN	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=										
-	Independent	*	Minus	***		=	X43=	1		OR	X86=										
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+		1											
						•	+145=			OR	+290=	<u></u>									
					1		TOTA ADDIT. FE			OR ,	TOTAL ADDIT. FEE										
		(Column 1)		(Colum		(Column 3)	<u>-</u>			•	<u></u>										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE									
DA	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=										
ME	Independent	*	Minus	***		=	X43=	十			X86=	, 									
٨	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		A-10-	+		OR											
	-4	+145=			OR	+290=	·														
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																					